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JC949 U.S. PTO

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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	236.7	Total Pages
First Named Inventor or Application Identifier		
Herold, J., et al		
Express Mail Label No.	EL 1495644858 US	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages]
(preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 5]</p> <p>4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
<i>[Note Box 5 below]</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b,
is considered as being part of the disclosure of the
accompanying application and is hereby incorporated by
reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p> |
|--|--|

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application,
Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p> | <p>.....</p> <p>.....</p> <p>.....</p> |
|---|--|

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labelor Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	Page Lohr Associates				
	Joseph Page				
ADDRESS	P.O. Box 757				
CITY	La Jolla	STATE	CA	ZIP CODE	92038
COUNTRY	US	TELEPHONE	619 702 4471		FAX 619 702 4538

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 1999

*Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$)**355**

Complete If Known	
Application Number	
Filing Date	
First Named Inventor	Herold, J., et al
Examiner Name	
Group / Art Unit	
Attorney Docket No.	236.7

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **500296**

Deposit Account Name **Page Lohr Associates**

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	355
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) **355**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
11	-20** = 0	x	= 0
Independent Claims 1	- 3** = 0	x	= 0
Multiple Dependent			= 0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0**

3. ADDITIONAL FEES	Fee Description	Fee Paid
105 130	205 65 Surcharge - late filing fee or oath	
127 50	227 25 Surcharge - late provisional filing fee or cover sheet	
139 130	139 130 Non-English specification	
147 2,520	147 2,520 For filing a request for reexamination	
112 920*	112 920* Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115 110	215 55 Extension for reply within first month	
116 380	216 190 Extension for reply within second month	
117 870	217 435 Extension for reply within third month	
118 1,360	218 680 Extension for reply within fourth month	
128 1,850	228 925 Extension for reply within fifth month	
119 300	219 150 Notice of Appeal	
120 300	220 150 Filing a brief in support of an appeal	
121 260	221 130 Request for oral hearing	
138 1,510	138 1,510 Petition to institute a public use proceeding	
140 110	240 55 Petition to revive - unavoidable	
141 1,210	241 605 Petition to revive - unintentional	
142 1,210	242 605 Utility issue fee (or reissue)	
143 430	243 215 Design issue fee	
144 580	244 290 Plant issue fee	
122 130	122 130 Petitions to the Commissioner	
123 50	123 50 Petitions related to provisional applications	
126 240	126 240 Submission of Information Disclosure Stmt	
581 40	581 40 Recording each patent assignment per property (times number of properties)	
146 760	246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760	249 380 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		
Other fee (specify)		

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Joseph Page	Registration No. (Attorney/Agent)	35,311	Telephone 619 702 4471
Signature		Date		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.